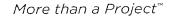
				SRF D	isburse	ement	Reque	est Fo	rm					
Participant Infor	mation													
Name: City of West Lafayette SRF Loan Nu									Numbei	·:	.079 07			
DUNS Number:	04 455 263	36		CCR Nu	ımber:	6NKJ2				Request N	umber		15	
Mailing Address:	711 West	Navajo Street	t							L				
City: West Laf	ayette			State:	IN					ZIP	4790	)6		
Contact Person: Judith C.			. Rhodes, Clerk-Treasurer			Con	Contact Phone Number: 7			765-775-5150				
Authorized Repres	entative:	Mayor Jo	hn R Denr	nis, or Cl-T	r J. Rhodes	Aut	horized Rep	resentati	ve Phon	e Number:	765	775-5	100	
If requesting reimb	oursement to t	the Participar	nt by wire	transfer pl	ease provid	de the follo	owing inforr	nation:						
Bank Name:					Bank	Bank Routing Number:								
Account Name:	Account Name: Ac						unt Numbei	·:						
Loan Information	1													
Description of wor (services, fees, typ		-	nade	Sher	aton and Fa	airway Kno	lls Lift Statio	on Impro	/ements		***********************			
Is any part of this claim funded by an alternate funding source?											☐ YES	⊠ NO		
If yes, please identify the source and amount of the claim funded by the alternate source (OCRA, SAP, Local Funds):											\$			
Is any part of this claim funded by the Indiana Brownfields Program?											YES YES	⊠ NO		
Has the Participant paid the request and is now seeking reimbursement?											YES	⊠ NO		
Is any part of this claim a result of a change order? If yes, please attach the SRF change order approval letter.											YES	⊠ NO		
Are there Green Project Reserve components involved in this request?										☐ YES	⊠ NO			
If yes, please descr	ibe:													<u> </u>
Loan Financial In	formation												www.	
								\$	2,610,000.00					
Total Amount of Previous Disbursements:									\$					
Balance Available After this Disbursement:									\$	2,098,866.00				
Amount to Contractor for this Request:										\$	1,239.00			
Is any part of this request a partial or final release of retainage to the contractor?										YES	⊠ NO			
Contractor Name:	Wessl	ler Engineerii	ng			DU	JNS Numbe	r: 0	8 153 13	152				
Mailing address:	6219 S East Street													
City: Indianap	olis			State:	IN					ZIP Code:	46	227		
Wiring Information														
Bank Name:					Ва	Bank Routing Number:								
Account Name: Account Number:								·						
Retainage Amou	nt for this Re	equest:										\$		
Participant request	s that the reta	ainage amour	nt be held	by SRF:										
Participant request	s that the reta	ainage amour	nt be sent	to the Part	ticipant via	check to ti	he mailing a	ddress lis	ted abo	ve:				
Participant request	s that the reta	ainage amour	nt be sent	to the folio	owing bank	:								
Bank Name:					Ba	Bank Routing Number:								
Account Name:	ccount Name:					Ac	Account Number:							
Total Amount of												\$	1,239.00	
The undersigned here the project agreemen of Labor requirements	t, that the cert	ified payrolls												
							JU	JN 1 6 2015						
For Internal Use Or	nly:	·					5-2			CDD		٠ ـ		
Approved By:							Date:			GPR		\$		





## RECEIVED JUN 0 9 2015 UTILITY DIRECTOR

**INVOICE** 

**REC'D JUN 1 D 2015** 

To:

CITY OF WEST LAFAYETTE

MR. DAVID S. HENDERSON, UTILITY DIRECTOR

500 SOUTH RIVER ROAD

WEST LAFAYETTE, INDIANA 47906

Project:

174515.00

WEST LAFAYETTE - SHERATON & FAIRWAY KNOLLS LIFT STATION

Manager:

GARY L. RUSTON

Professional Services for the Period: 4/1/15 to 4/30/15.

PHASE:

.68 RESIDENT PROJECT REPRESENTATIVE

TASK:

.01 SHERATON & FAIRWAY KNOLLS LIFT STATION - RPR

**Professional Services** 

Bill Hours

Aged Receivables:

30-60

\$693.98

**CURRENT** 

\$1,238.58

**Bill Rate** 

60-90

\$0.00

90-120

\$0.00

Invoice Number: 27790

May 28, 2015

Charge

Senior Resident Project Representative

13.50

\$ 90.00

1,215.00

Total Labor

13.50

\$ 90.00

1,215.00

Reimbursables

Travel

Total Reimbursables

\$ <u>23.58</u> **\$ 23.58** 

**Total Project Invoice Amount** 

\$ 1,238.58

**OVER 120** 

\$0.00

Wessler Engineering, Inc. GARY L. RUSTON

Project Manager

WWTU

JUN 05 2015

All invoices are due upon receipt. A late charge of 1.5% will be added to any unpaid balance after 30 days.

Project	174515.00	W. LAF - SHE	RATON & FAIR	RWAY KNOLL	S LS Invoice	27790	
Billing	g Backup				Thursday	May 28, 2015	
_	R ENGINEERING, INC	C. In	voice 27790 Da	-	Thursday, May 28, 2015 11:37:06 AM		
Project	174515.00	VV. LAFA	YETTE - SHER	RATON & FAIR	RWAY KNOLLS LI	FT STATION	
Phase	00068	CONSTRUCTIO	N OBSERVATI	ON	T field GAM Gree Street Street State		
Task	000001	SHERATON & F	AIRWAY KNOI	LS LS RPR			
Profession	onal Services	•					
			Bill Hours	Bill Rate	Charge		
	ent Project Representat						
	Resident Project Rep						
528	McGUIRE, SAMUEL Inspection	4/1/2015	.50	90.00	45.00		
528	McGUIRE, SAMUEL	4/8/2015	.50	90.00	45.00		
	Inspection	77.57.2010	.50	50.00	45.00		
528	McGUIRE, SAMUEL	4/15/2015	3.50	90.00	315.00		
	Inspection						
528	McGUIRE, SAMUEL	4/22/2015	2.00	90.00	180.00		
500	Inspection						
528	McGUIRE, SAMUEL	4/27/2015	1.00	90.00	90.00		
528	Inspection McGUIRE, SAMUEL	4/28/2015	1.00	90.00	90.00		
520	Inspection	4/20/2013	1.00	90.00	90.00		
528	McGUIRE, SAMUEL	4/29/2015	1.00	90.00	90.00		
	Inspection						
528	McGUIRE, SAMUEL	4/30/2015	4.00	90.00	360.00		
	Inspection						
	Totals		13.50		1,215.00		
	Total Labor					1,215.00	
Jnit Billing	•						
_	Company vehicles			_			
VEH. #0703			41.0 Mi	les @ 0.575	23.58		
	Total Units				23.58	23.58	
				Total this	s Task	\$1,238.58	
				Total this	Phase	\$1,238.58	
				Total this F	Project	\$1,238.58	
				Total this F	Report	\$1,238.58	